

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	8/27
FORMALITY REVIEW	H-S	866	09-21-01
RESPONSE FORMALITY REVIEW	TA	1115	1-11-2

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/28
2	✓
3	✓
4	✓
5	✓
6	✓
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50	✓

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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2/11/02  
 864  
 9/2/11/01